

Coordinated Chronic Disease Prevention and Health Promotion: Old Dilemmas, New Horizons

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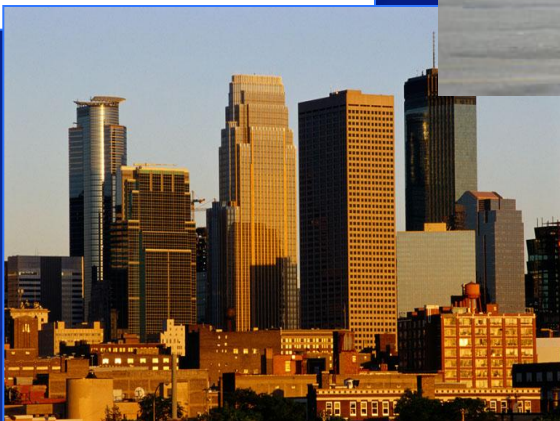
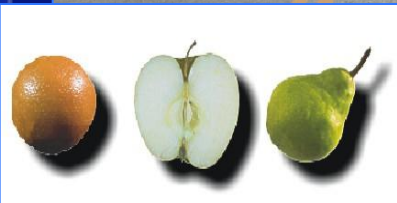
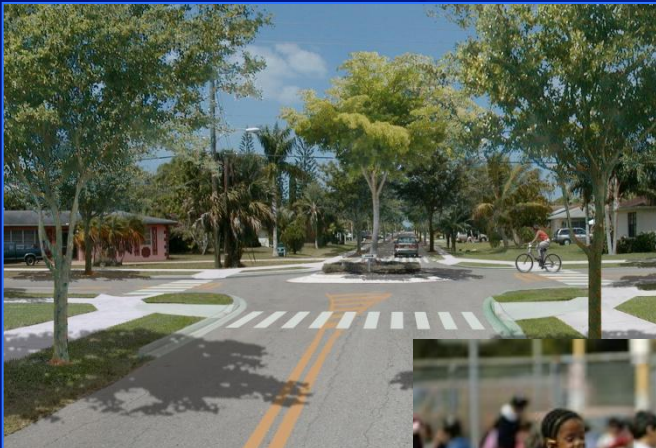
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*Little Rock, Arkansas
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Overview:

- **A unique public health lens**
- **Why our work together is so important**
- **New opportunities & new horizons in the current environment**

Imagine a World



Achieving Healthy States: The Power of WE ...

- *Public Health*
- *Schools*
- *YMCA's*
- *Non profit organizations*
- *Businesses*
- *Hospitals*
- *Elected officials*
- *School superintendents*
- *Mayors*
- *Tribal leaders*
- *Local aging centers/senior centers*
- *Recreation and Park Departments*
- *State Health Departments*
- *City Planners*
- *Redevelopment agencies*
- *Transportation agencies*
- *Faith based organizations*
- *Philanthropic leaders*
- *Community leaders*
- *Health Plans*
- *Foundations*
- *Many more.....*

***Why strategies to create
healthy states (PSE)?***

Institute of Medicine

"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change. If successful programs are to be developed...attention must be given not only to the behavior of individuals, but also to the environmental context within which people live..."

-- Smedley and Syme, 2000

Evolving frameworks: the past



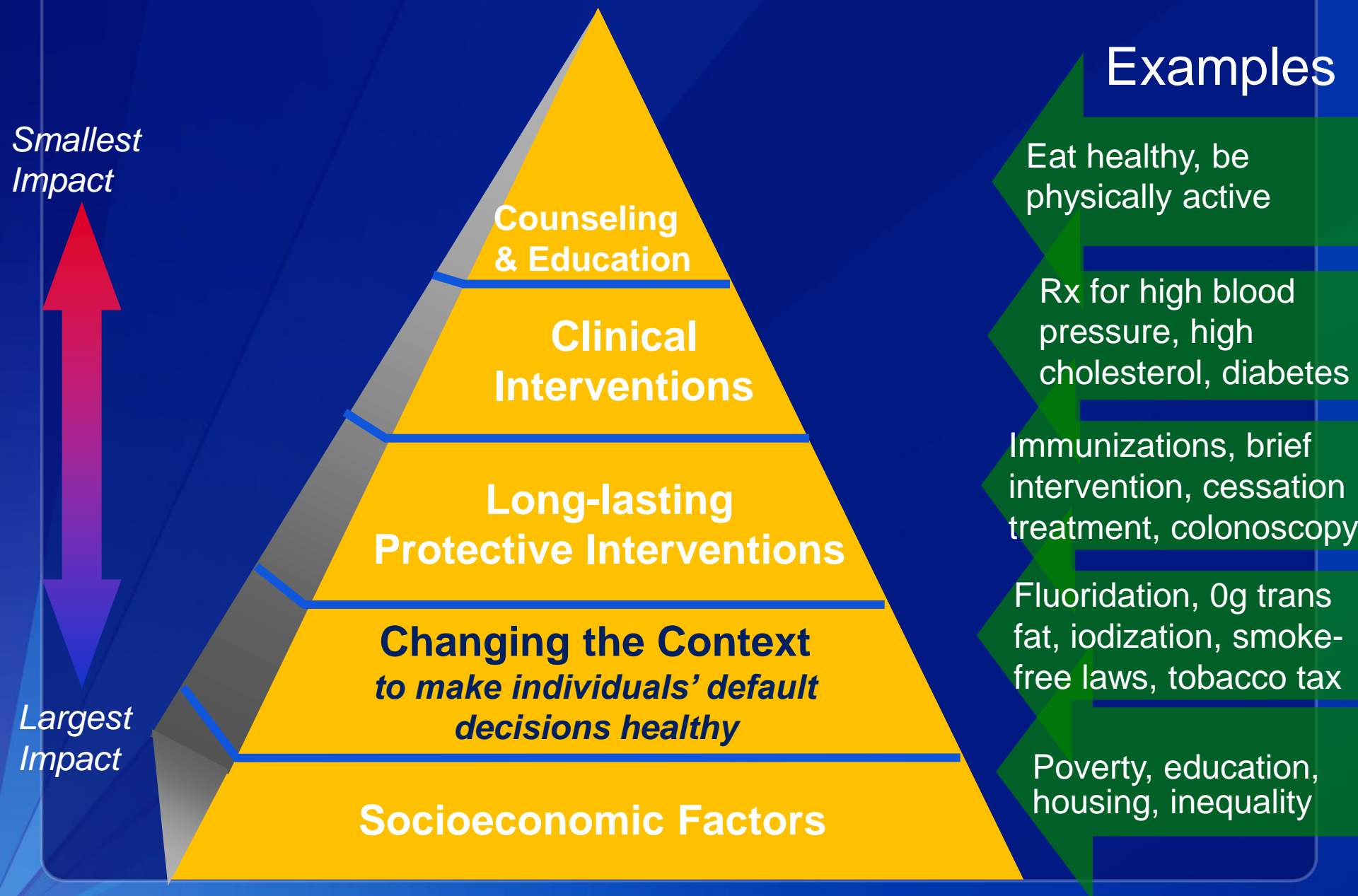
**Individually-oriented,
program driven approach**

Evolving frameworks: the present

Institute systematic changes to the physical and social environment related to chronic disease risk factors

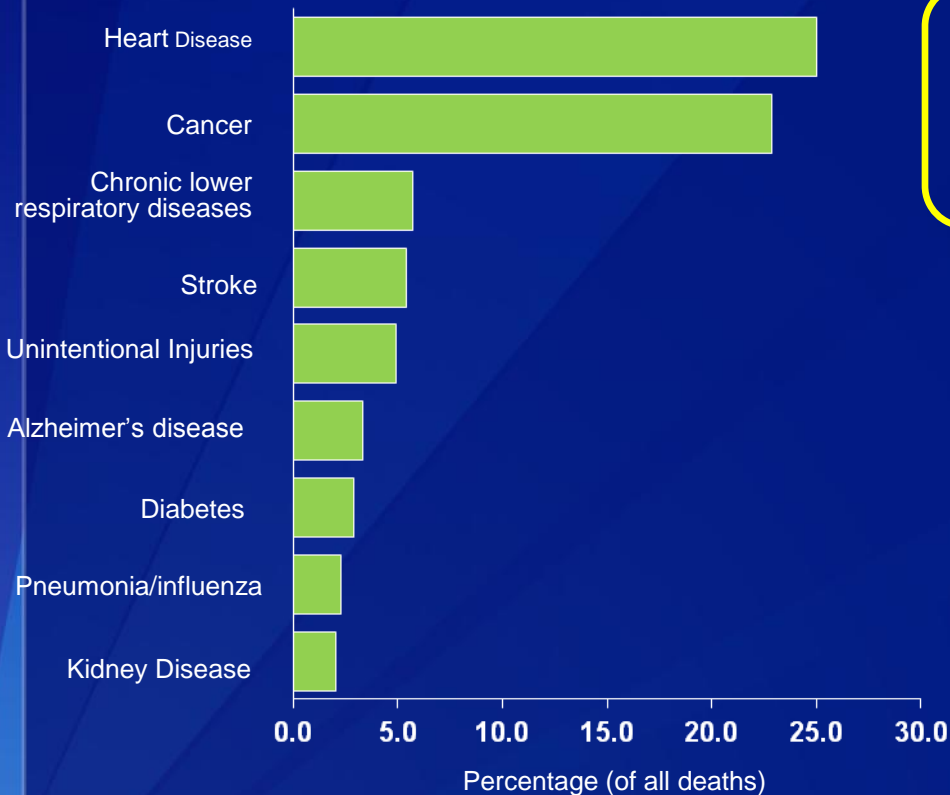


Factors that Affect Health

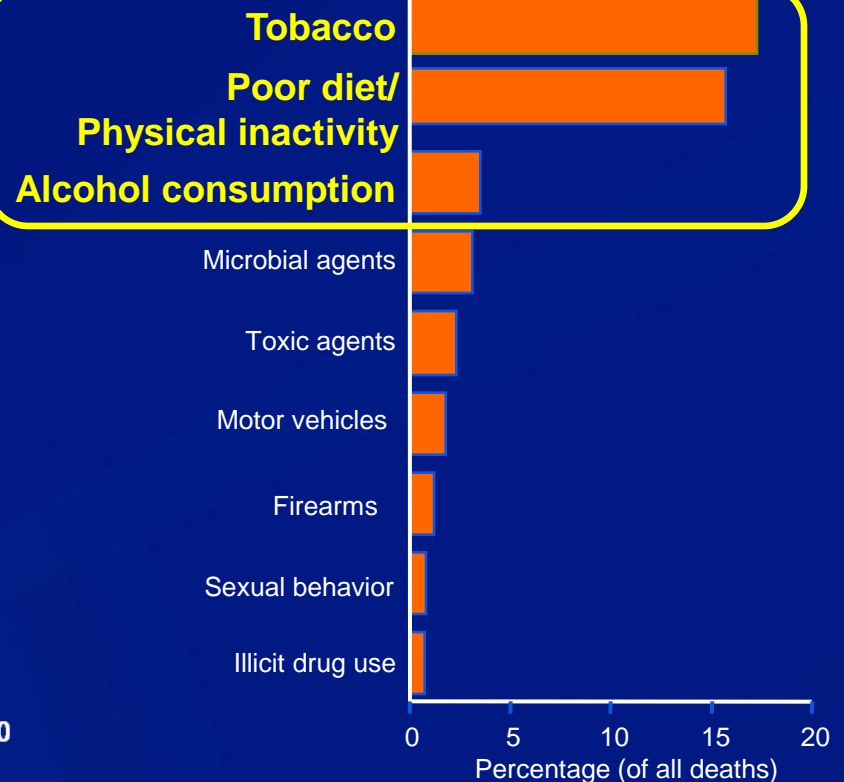


Chronic Diseases and Related Risk Factors

Leading Causes of Death[†]
United States, 2008



Actual Causes of Death[†]
United States, 2000



* Minino AM, Murphy SL, Xu J, Kochanek KD. Deaths: Final data for 2008. National vital statistics reports; vol 59 no 10. Hyattsville, MD: National Center for Health Statistics. 2011.

† Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291(10):1238-1246.

Disabilities

- **Arthritis** – is the number one cause of disability.
- **Stroke** – has left 1 million Americans with disabilities.
- **Heart Disease** – the leading cause of premature, permanent disability in the U.S. workforce
- **Diabetes** – the leading cause of kidney failure and new blindness in adults.



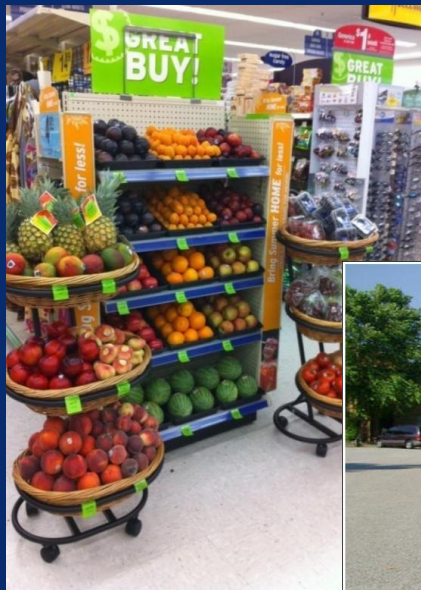
Alarming Health Disparities

- Heart disease death rates **30% higher** for African-Americans than whites; stroke death rates **41% higher**
- Diabetes higher among American Indians and Alaska Natives (**2.3 times**), African Americans (**1.6 times**), and Hispanics (**1.5 times**)
- About **30%** of Hispanics and **20%** of African Americans lack a usual source of health care compared with less than **16%** of whites

Growing Challenges



Things CAN Be Different!



This facility is
smoke free.







From the time a person wakes up



Maximizing public health impact in states

$$\text{Impact} = \text{Reach} \times \text{Exposure} \times \text{Potency}$$

Focus on changing things that affect

many people

with frequent exposure

in a comprehensive way

Maximizing public health impact

**50% healthy
vending slots**



**Ban on unhealthy
foods in cafeteria**



Whole school reform



**Schools + healthy
corner stores**

Walk to school day



Walk to school year



Safe Routes to School



**Safe Routes to School +
Complete Streets**

Part of a grand history (i.e. – nothing new ...)

- *Water potability*
- *Vaccination requirements to enter school*
- *Food safety inspections*
- *Fortification of the food supply*
- *Shatter-proof windshield requirements*
- *Bicycle and motorcycle helmet law*
- *School lunch programs*
- *Increased cancer screening by adding mammography coverage to state employees insurance*
- *Interest deduction to increase home ownership*

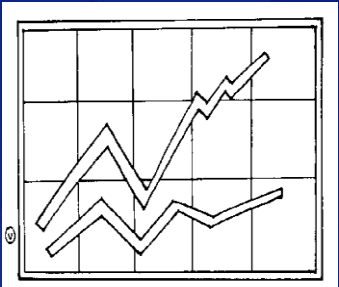
New Challenges; New Opportunities



The tight fiscal environment is straining budgets and causing uncertainty about the future



Health care reform is creating opportunities for greater collaboration



Public health science supports population-based approaches as best way to broaden impact

How we got here: historical context

- **Growth of chronic disease prevention efforts at CDC; categorical appropriations (reflects public)**
- **2008 Negotiated States Pilot Agreement**
- **Early small steps at CDC to enhance coordination**
- **OMB and Congress look at consolidation as an option** *(Senate 2011 budget combined 5 chronic disease budget lines into a single grant program; FY 2012 President's Budget combined 8 lines; FY 2013 budget again calls for consolidation)*
- **\$42 million to CDC in FY 2011 to launch coordinated chronic disease efforts – awarded to states**
- **CDC looks at a variety of models for coordination**

CDC's Response:

New Horizons in Chronic Disease Prevention

- **Take Stock:**
 - **Need for seamless and efficient system of support to states**
 - **Reduce administrative burden to states**
 - **Identify opportunities for flexibility**
 - **Increase coordination**
 - **Permission to think differently about how we organize our work**

CDC's Response:

New Horizons in Chronic Disease Prevention

- **Step Up:**

- **Strong base in every state**
- **Leverage shared basic services; expand the reach of categorical dollars**
- **Shift the health of populations with high risk & burden / multiple chronic conditions.**
- **Systems approach – power of “we” – improves the health of entire populations**

CDC's Response: Coordinated Chronic Disease Prevention

- **Ensure that every state has a strong foundation for chronic disease prevention & control**
- **Maximize the reach of states' categorical CD programs by leveraging shared services**
- **Provide leadership to work collaboratively across diseases and risk factors**
- **Improve how CDC works with states**

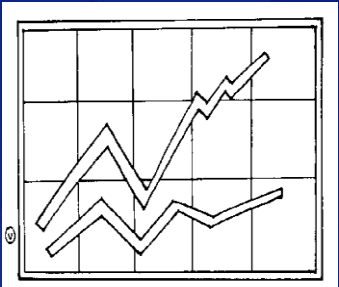
Responding to the Needs of this Era



seamless, efficient, reduce administrative burden, flexibility, coordination, do our work differently

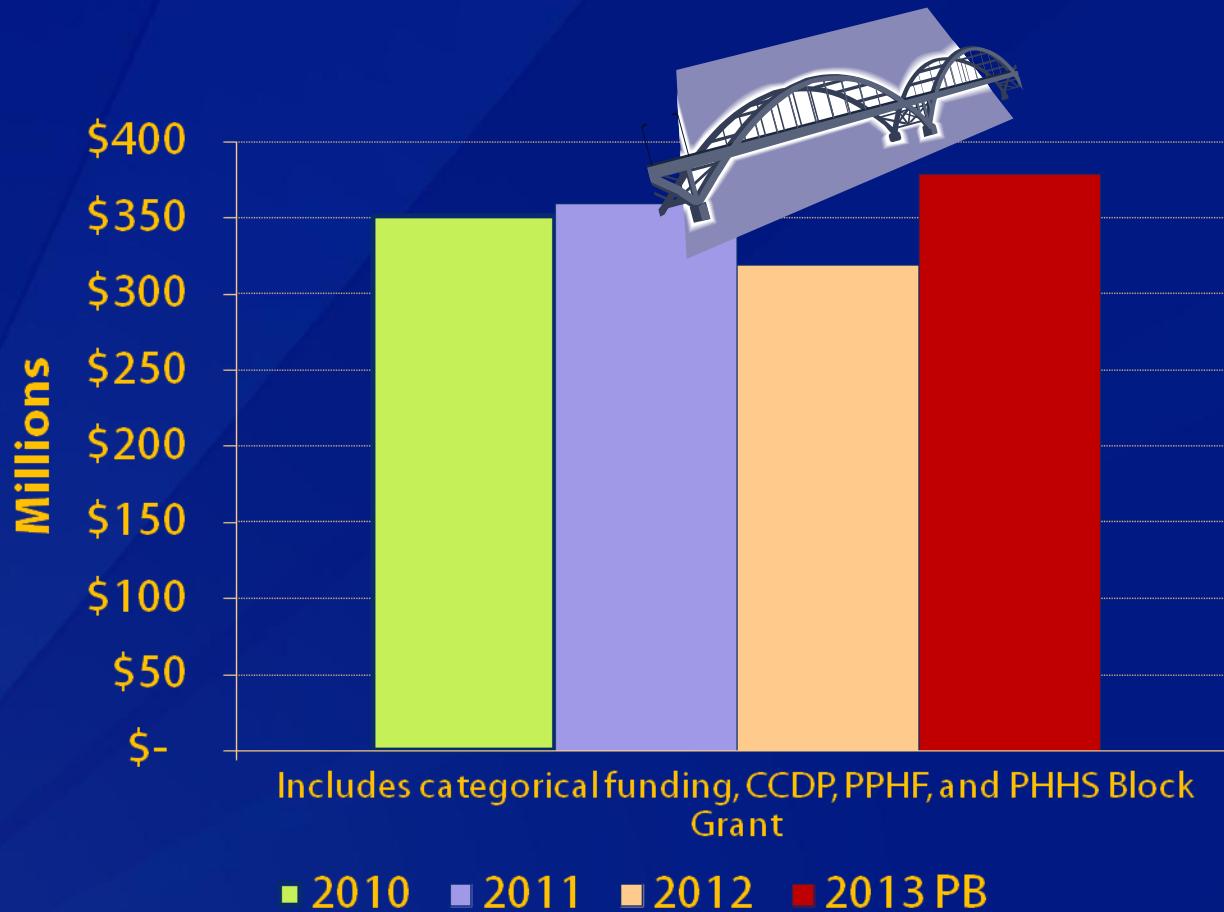


strong base in every state, leverage shared services to expand reach, systems approach



impact entire populations, shift the future health of people with high burden

Opportunities and Challenges: Budget FY 2012 (Yr 2) - “Bridge to the Future”



What States Are Doing

I. Develop a state chronic disease plan & engage statewide partners – plan should:

- *be driven through collaboration with a broad range of statewide partners, including non traditional partners*
- *engage all major categorical programs at the state health department, including key categorical partners*
- *include analysis and identification of priority “big steps” that can affect multiple conditions – of interest to multiple partners*

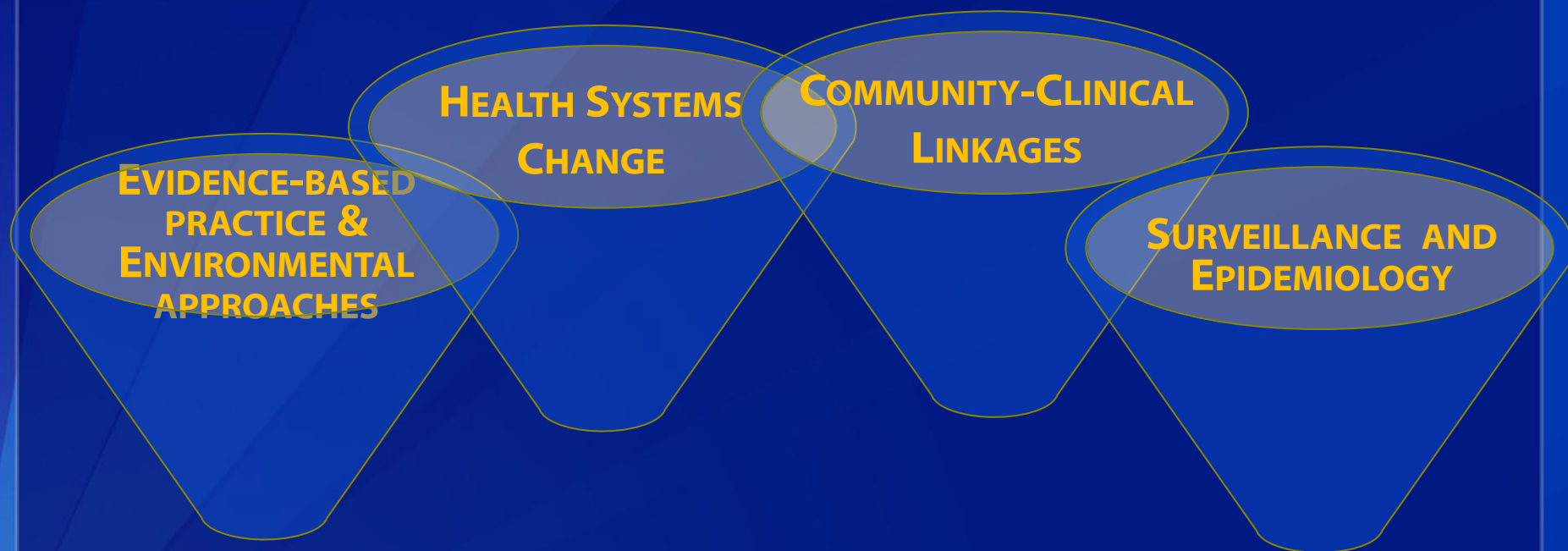
What States Are Doing

II. Create a management plan for leadership in CD prevention – plan should address:

- *Leadership*
- *Organizational design*
- *Communication*
- *Capacity to achieve changes in 4 key domains*
- *Capacity to provide TA to communities*

What States Are Doing

III. Build capacity and achieve changes in 4 key domains



Program Expectations:

Emerging Practices in 8 Component Areas

- **State Hlth Dept Practices & Capacities (Internal)**
 - *Program Management and Leadership*
 - *Organizational Structure*
 - *Capacity in 4 Domains*
- **Collaboration, Engagement, Communication (External)**
 - *Chronic Disease Prevention and Health Promotion State Plan*
 - *Collaborative Process*
 - *Communication Plan*
- **Data & Information for Decision-Making**
 - *Surveillance and Epidemiology for Chronic Disease*
 - *Evaluation*

What CDC is Doing: The Coordinated Effort at CDC

- **Coordinated approach to support for states**
 - Technical assistance, training, consultation, state teams, organizing training support differently
- **Opportunities for efficiencies in how we put \$ out the door and how we manage those \$**
 - Common language in FOAs, consistency in management information systems, reduce administrative burden, etc.
- **Core strategies in 4 key domains**
 - Shared vision and understanding across programs; linked with Chronic Disease State Plans

Domain 1:

Epidemiology and Surveillance - gather, analyze, and disseminate data and information and conduct evaluation to inform, prioritize, deliver, and monitor programs and population health

Examples

- **Surveillance of behavioral risk factors, social determinants, environmental changes**
- **Collect cancer surveillance data to assess burden and trends**
- **Surveillance of tobacco-related knowledge, attitudes, and behaviors**

Domain 2: Environmental approaches that promote health and support and reinforce healthful behaviors (statewide in schools, worksites, communities)

Examples

- **Nutrition standards for food and beverages offered in specific settings**
- **Increase the amount of daily, quality physical education in schools**
- **Comprehensive smoke-free air policies**

Domain 3: Health systems interventions

Examples

- **Delivery of high-quality screening for breast, cervical, and colorectal cancers**
- **Organized system of care to deliver high-quality clinical preventive services**
- **Health care information systems with automated physician prompts & patient reminders for screening / referral**
- **Quality improvement of clinical care for control of A1C, blood pressure, BMI, cholesterol, cancer screening**

Domain 4: Community-clinic linkages

Examples

- **Available, accessible arthritis, diabetes, chronic disease self-management education programs, including physical activity programs, to reach at-risk pop's**
- **Use of allied health professionals to enhance management of high blood pressure/cholesterol, A1C**
- **Effective outreach to the population to increase use of clinical preventive services**

***Where do we hope this
approach will take us?***

State Health Department of the Future

- **Highly skilled chronic disease staff in every state**
- **Strong surveillance data documenting the burden and reach of the categorical programs**
- **Robust evaluation capacity**
- **Informed policy makers who understand the burden of chronic disease and the need to scale up effective interventions**
- **State residents who understand and support the need to address chronic disease**
- **Efforts to address heart disease, diabetes, cancer, nutrition, physical activity, arthritis are accelerating**

Outcomes: What is happening in the state?

- **Major changes are occurring in**
 - Environmental factors
 - Health systems changes
 - Clinic-community linkages
 - Significant, ongoing, and systematic surveillance & epidemiology activity is positioned to support achieving these changes



Do We Want This World?



Things CAN be different!



The Power of “We”

